



INSTITUTE OF CAPITAL MARKET REGISTRARS APPLICATION FOR ELECTION TO COUNCIL

IMPORTANT NOTES/INSTRUCTIONS

- (a) All applications must be received by the Election Committee through the Registrar/Chief Executive at jonathan@icmr.org.ng not later than the date advised in the accompanying letter.
- (b) Envelopes used for returning completed application forms should be marked on the right-hand side "Council Election."
- (c) Completed application forms should be returned with ePassport-sized photograph of the applicant and a copy of their profile, not exceeding 1,000 words, which stresses their contributions to the Institute and Capital Market/ Academia/Money Market/Legal and Accountancy professions
- (d) All applicants including their endorsers/attesters must have paid their annual subscription/dues and levies as at the date that their application is submitted.
- (e) No member shall be eligible to endorse more than one Candidate. In the event that a member endorses more than one candidate, such endorser should be referred to the Disciplinary Committee for disciplinary action.
- (f) Members are advised to familiarize themselves with the Election Guidelines of the Institute before completing this Form.
- (g) The decision of the Governing Council shall be adhered to. Petitions will however be entertained by the ICMR Election Committee which shall also serve as the Dispute Resolution Committee. The decision of the ICMR Election Committee on election petitions shall be final.
- (h) The deadline for submission of the completed Application is 9th June 2025.
- (i) The completed Application should be submitted to jonathan@icmr.org.ng with the profile and ePassport photograph of the applicant.

SECTION A: APPLICANT

- a) Names _____
(Surname) (First name) (Middle Name)
- b) Position Applying For (tick/check):

<input type="checkbox"/>	President
<input type="checkbox"/>	1 st Vice President
<input type="checkbox"/>	2 nd Vice President
<input type="checkbox"/>	Treasurer
<input type="checkbox"/>	Council Member
- c) Membership Number: _____
- d) Financial Status (Dues & Levies Paid up or Not): _____
- e) Residential or Office Physical Address: _____

- _____
- e) Personal Email _____ f) Personal WhatsApp Phone No _____
- g) Current Place of Work and Address: _____
- _____
- h) Current Position _____ i) Date of Birth _____

ELIGIBILITY AND QUALIFICATIONS

1. Statement of Eligibility (State Criteria Met): _____
- _____
- _____
2. Relevant Experience (skills/previous roles/professional expertise): _____
- _____

CANDIDATE STATEMENT/PLATFORM

1. Personal Statement (Reason for Seeking Election, Vision and Expected Achievement): _____
- _____
- _____
2. Key Priorities (if any): _____

DECLARATION BY APPLICANT FOR ELECTION

I, _____ Membership No _____ being a financially up to date member of the Institute as at the date of submitting this form, do hereby declare my interest in contesting for the post of _____ at the General Election of the institute. If elected, I promise to carry out my duties in accordance with the subsisting ICMR Act, rules, regulations and codes of practice in addition to any subsequent changes thereto that may arise. I also declare that the information provided above is accurate and that I shall subject myself to and abide by the final decision of the Governing Council and the ICMR Election Committee on the result of the election.

SIGNATURE _____ **DATE** _____

SECTION B: ENDORSER 1 (No member should endorse more than one applicant)

I, the undersigned member of the Institute, who has also paid my annual dues as at when due, hereby recommend the above contestant for the post of _____ and certify that, to the best of my knowledge he/she is a fit and proper person for the post.

- a) Names _____
- (Surname) (First name) (Middle Name)
- b) Membership Number _____

c) Personal Email _____ d) Personal WhatsApp Phone No _____
e) Signature _____ Date _____

SECTION B: ENDORSER 2 (No member should endorse more than one applicant)

I, the undersigned member of the Institute, who has also paid my annual dues as at when due, hereby recommend the above contestant for the post of _____ and certify that, to the best of my knowledge he/she is a fit and proper person for the post.

a) Names _____
(Surname) (First name) (Middle Name)
b) Membership Number _____
c) Personal Email _____ d) Personal WhatsApp Phone No _____
e) Signature _____ Date _____

OFFICIAL USE ONLY

Date Application received _____

Application Accepted ☐ Rejected ☐

Reason(s) for rejection _____

Membership Number _____

Signature _____ Date _____